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CONFIRMATION NO. 8912

<b>SERIAL NUMBER</b> 10/560,824	<b>FILING OR 371(c) DATE</b> 12/15/2005 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 026220-00071
<b>APPLICANTS</b> Christina Gustafsson, Sodertalje, SWEDEN; Ulf Kjellberg, Sodertalje, SWEDEN; Sven Morein, Sodertalje, SWEDEN;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/SE04/01017 06/23/2004				
<b>** FOREIGN APPLICATIONS *****</b> SWEDEN 0301880-1 06/25/2003				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 03/18/2006</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> SWEDEN	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 26
Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 5		
<b>ADDRESS</b> 004372				
<b>TITLE</b> Pharmaceutical compositions based on diclofenac derivate				
<b>FILING FEE RECEIVED</b> 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	